

WALWORTH CO HSD
HUMAN SERVICES CENTER
1 MAIN STREET
MILWAUKEE, WI 00000

Case Number:
Case Name:
Your Worker Is:
Name:
ID:
Telephone Number:

To avoid a delay in your food stamp benefits, answer all questions, sign, and return this form by A#1###/#### to the agency listed at the top of this form. Please enclose all papers that provide proof of your answers **including all paystubs** received in the last 30 days by any employed household members. Contact your local county office if you have any questions or need help completing this form.

----- PLEASE COMPLETE THIS FORM USING BLUE OR BLACK INK. PRINT IN CAPITAL LETTERS. -----

5480 MAIN STREET
APT 304
MILWAUKEE, WI 00000-0000

	Yes	No		Yes	No
Do you pay for HEAT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you pay for a TELEPHONE?	<input type="checkbox"/>	<input type="checkbox"/>
Do you pay for ELECTRICITY?	<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for TRASH REMOVAL?	<input type="checkbox"/>	<input type="checkbox"/>
Do you pay for GAS?	<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for WATER or SEWER?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please explain the change.

To avoid a delay in your food stamp benefits, please return this form by ##### 5th to:
WALWORTH CO HSD. HUMAN SERVICES CENTER. 1 MAIN STREET. MILWAUKEE. WI 00000